EXHIBIT A-2

Statement of Work Template

Amended Original 🖂

STATEMENT OF WORK FOR IT CONTINGENT WORKERS **BETWEEN** STATE OF MISSISSIPPI, Department of Employment Security AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

8/27/2020

Mohammed Jalaluddin State of MS, Department of Employment Security 1235 Echlon Parkway Jackson, MS 39213

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number:

IT Contingent Worker Name: Harish Kumar **Vendor Name:** Vertisystem

Position Title: Network Administrator

Regular Hourly Bill Rate: \$97.00 **OT Hourly Bill Rate** (if applicable): \$97.00 **Original Number of Hours to be worked:** 2080

Amendment 1: Number of hours to be worked: Click or tap here to enter text. Amendment 2: Number of hours to be worked: Click or tap here to enter text. Amendment 3: Number of hours to be worked: Click or tap here to enter text.

201,760.00 Original Total Cost of SOW: (Not to exceed)

Amendment 1: Total Cost of SOW: (Not to exceed) Click or tap here to enter text. Amendment 2: Total Cost of SOW: (Not to exceed) Click or tap here to enter text. **Amendment 3: Total Cost of SOW:** (Not to exceed) Click or tap here to enter text.

Start Date of Service:

9/28/2020 **Original End Date of Service:** 9/30/2021

Amendment 1: End Date of Service: Click or tap to enter a date. **Amendment 2: End Date of Service:** Click or tap to enter a date. **Amendment 3: End Date of Service:** Click or tap to enter a date.

1235 Echlon Parkway Work Location: Jackson, MS 39213

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Department of Department of	GuideSoft Inc., d/b/a Knowledge Services
Employment Security	
MAL	Doreen DeLancy
Authorized Signature	Authorized Signature
Mohammed Jalaluddin	
Printed Name	Printed Name
Director OTSI	Program Manager
Title	Title
8/27/2020	8/27/2020
Date	Date